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	7						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/822,037	04/08/2004	THE DELIVERY OF	Mark C. Bates 12212-002-999 9083 DRUGS OR GENE THERAPY INTO A PATIENT'S VASCULATURE AND				
METHODS OF USE	. AFFARATUS FOR	THE DELIVERT OF	DRUGS OR GENE	THERAPI INTO F	YATE	NIS VASCULATU	RE AND
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISS	JE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	12/04/2009
EXAMI	NER	ART UNIT	CLASS-SUBCLASS				
BOUCHELLE, LAURA A		3763	604-890100	······································			
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3. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGN Nexeon Meds Please check the appropria	ss an assignee is identi in 37 CFR 3.11. Comp NEE Systems, Ir	ified below, no assignce pletion of this form is NO	data will appear on th T a substitute for filing (B) RESIDENCE: (C Charleston	e patent. If an assig an assignment. ITY and STATE OR	COUNTE	RY)	ocument has been filed for up entity Government
4a. The following fee(s) ar Sissue Fee Publication Fee (No Advance Order - # 6	small entity discount p	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form). 					
5. Change in Entity Statu a. Applicant claims	SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no				
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Authorized Signature _	faime (ha:	<u>.</u>	Date 12/	/03/C)9	
		(for Nicola A.				,198 (for	
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